(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

FEB 0 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

17712	PLEASE PRINT		1		DEPARTMENT OF
I. Name of Lobb	yist(s)	Bouley	Mike	Denne	hy
II. Name of lobb	yist's partnership, firm	or corporation, if a	nny:		1
_Denne	hy & Boule	y LLC	<u>.</u>		<u> </u>
Business Address;	sepot St.	#3 C	oncord	NH State)	0330\ (Zip Code)
603 <u>228</u>	-1601 ()(Fax	e-mai	l	
III, This statemo	ent covers: (Choose one nse transactions which	– file separate repo are not attributable	rts fur each client to any one client)	, OR you may fil	le a separate report for
All reportable	e transactions occurring i	n the months prior to	the reporting date	relative to the fol	llowing elient:
	Clation from (Full Name of Clier	ACC-C	essible obbyist Registration	Med Form)	icines
OR All reportable unrelated to any	transactions by the lobb				n listed below which arc
IV. Date of Rep	ort April 25, 2018 [activity from date of regis		July 25, octivity from 4/1	2018 🗆 1/18 to 6/30/18	
Reports cover:	Oetober 31, 201		January	30, 2019	
	activity from 7/1/18		activity from 10	0/1/18 to 12/31/18	rs.
V. There have If this box is che Concord, NH 03	been no fees received cked, complete just this for 301.	l and no reportable orm and submit it to	le transactions n the Secretary of Sto	nade since the l ote's Office, Stote	ast report. House, Room 204,
VI. Cheek if ad	ditional reports are atta	iehed:			
☐ If you have	received fees or made ex	penditures, you must	file Addendum A	- Fees and Expendence	ases and Honorariums or
Expense Reimbu	paid an honorarium or re ursement				
☐ If you, your	firm, or your family has	made political contri	ibutions, you must	file Addendum (C- Political Contributions
I have read RSA and complete to	the best of my knowledg	-C and RSA 664 and	hereby swear or at	firm that the fore	going information is true
(Signature of ic	O - \			•	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

RECEIVED
FEB 0 4 2019
NEW HAMPSHIRE
DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or eorporation: Dennehy & Bouley LLC					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular elient): Association for Accessible Medicines					
Date of Report (check one):					
April 25, 2018					
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
Addendum A(s).					
Addendum B(s).					
Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and eomplete to the best of my knowledge and belief. (Signature of lobbyist) (Date)					
Mike Dennehy (Print Name of lobbyist)					